

**DRILLING COMPLETION REPORT**

Document Number:  
401913688

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 100322 Contact Name: LOGAN BOUGHAL  
 Name of Operator: NOBLE ENERGY INC Phone: (832) 6397447  
 Address: 1001 NOBLE ENERGY WAY Fax: \_\_\_\_\_  
 City: HOUSTON State: TX Zip: 77070

API Number 05-123-15765-00 County: WELD  
 Well Name: STOUT Well Number: 9-4  
 Location: QtrQtr: NESE Section: 4 Township: 5N Range: 65W Meridian: 6  
 Footage at surface: Distance: 2160 feet Direction: FSL Distance: 740 feet Direction: FEL  
 As Drilled Latitude: 40.427027 As Drilled Longitude: -104.661433

GPS Data:  
 Date of Measurement: 03/16/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: PAUL TAPPY

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: 68719

Spud Date: (when the 1st bit hit the dirt) 05/17/1992 Date TD: 05/24/1992 Date Casing Set or D&A: 05/25/1992  
 Rig Release Date: 05/25/1992 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 7149 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 7111 TVD\*\* \_\_\_\_\_  
 Elevations GR 4627 KB 4639 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 \_\_\_\_\_

**CASING, LINER AND CEMENT**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	23	0	316	250	0	316	VISU
1ST	7+7/8	4+1/2	15.1	0	7,139	270	6,118	7,139	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: 05/04/1994

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		1,200	1,360	4,015
	SURF		700	12	1,360

Details of work:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FOX HILLS	285				
PARKMAN	3,508				
SUSSEX	4,062				
SHANNON	4,819				
NIOBRARA	6,700				
CODELL	7,007				
CARLILE	7,025				

Comment:

THIS IS TO REPORT CASING REPAIR THAT OCCURED IN 1994.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: LOGAN BOUGHAL

Title: REGULATORY ANALYST II

Date: \_\_\_\_\_

Email: LOGAN.BOUGHAL@NBLENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401918279	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

